

Name
in
Full

Annie N Banks

CERTIFICATE OF DEATH

Died at Allen TownFrederick County

MARYLAND

Date of death 1905 April 14 8 Years 7 Months DaysSex Female Color or Race Black Birth-place mdOccupation Where Residing If not at place of death

Married, Single or Widowed

Name of Wife or Husband

Father's Name Nicholas BanksFather's Birthplace mdMother's Maiden Name Mary A BrewingtonMother's Birthplace mdName of person giving information Nicholas BanksHow related to deceased Father

CAUSES OF DEATH

Primary Tuberculosis

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

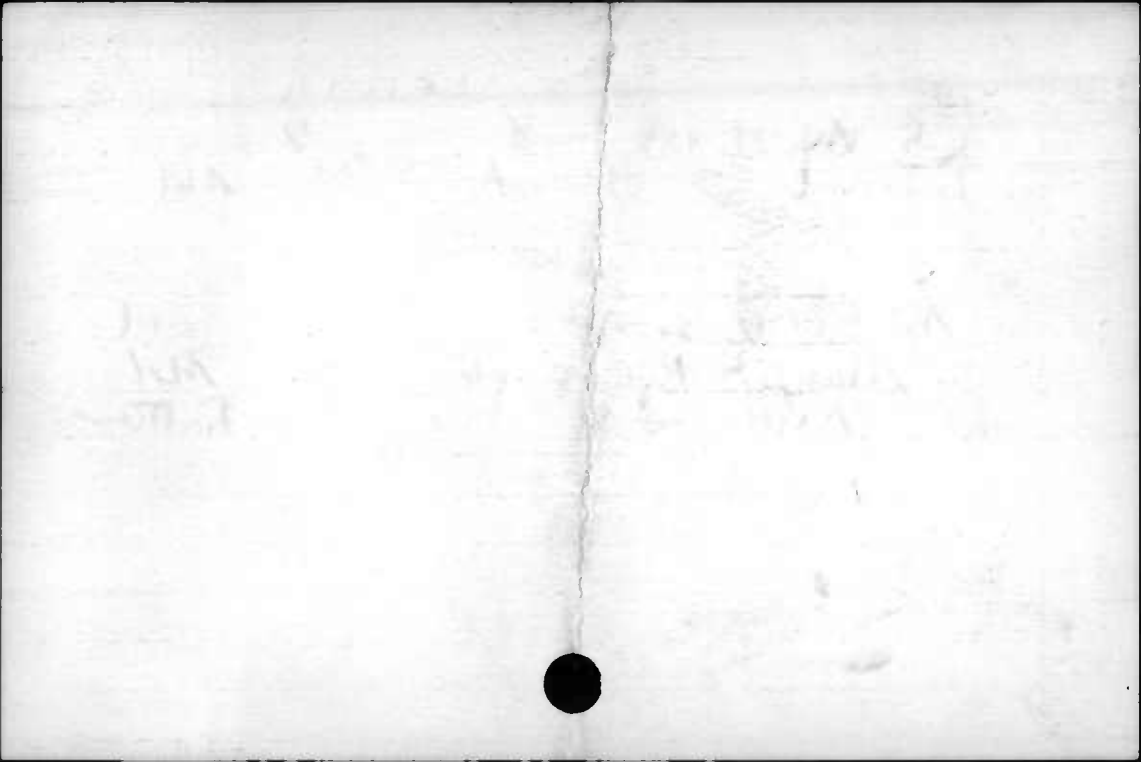
Signature of Physician

Address

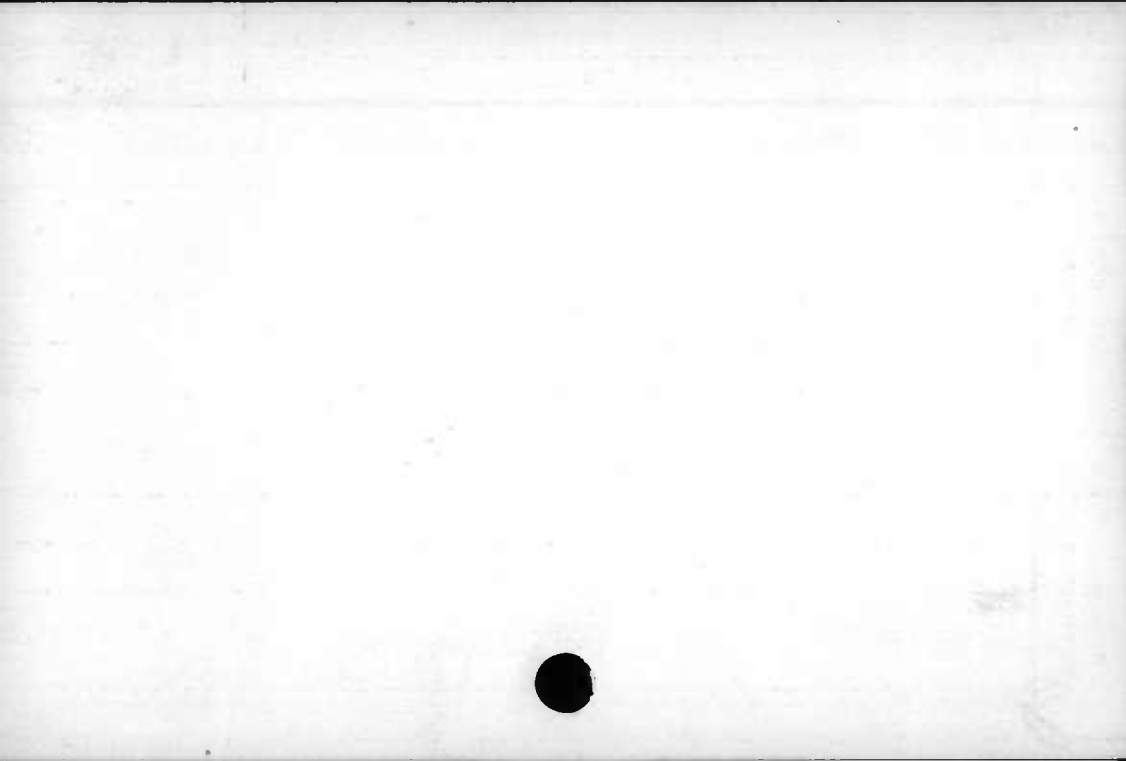
Allen

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name in Full		Town				County		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>Armistead</i>				<i>Wicomico</i>		MARYLAND	
		Date of death <i>1905</i>		Month <i>April</i>	Day <i>2nd</i>	Age <i>23</i>	Years	Months	Days
		Sex <i>Female</i>		Color or Race <i>Cold.</i>		Birth-place <i>Wicomico Co. Md.</i>			
		Occupation <i>Housewife</i>				Where Residing if not at place of death <i>at home</i>			
		Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Samuel Bivens</i>					
		Father's Name <i>Levin Townsend</i>				Father's Birthplace <i>Armistead Md.</i>			
		Mother's Maiden Name <i>Hester Puckham</i>				Mother's Birthplace <i>" "</i>			
		Name of person giving information <i>G. B. Townsend</i>				How related to deceased <i>Brother</i>			
CAUSES OF DEATH									
PHYSICIAN OR CORONER		Primary <i>No Doctor</i>				How long			
		Immediate <i>Said to be Consumption</i>				How long			
		Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>				Signature of Physician <i>Geo. E. Hill</i>			
		<i>So far as I know</i>				Address <i>Undertaker</i>			
		Accident or Suicide?				<i>Salisbury Md.</i>			



Name

in
Full

CERTIFICATE OF DEATH

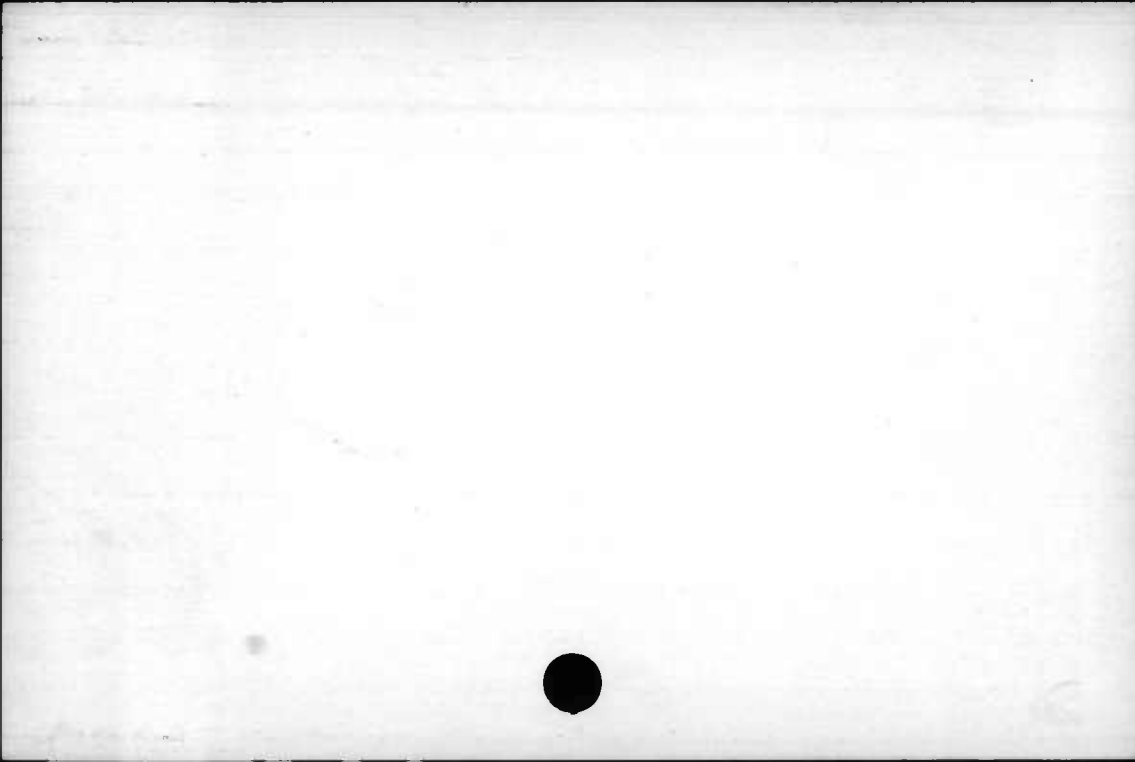
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Infant no name</i>		Town <i>Salisbury</i>		County <i>Wicomico</i>		MARYLAND	
Died at <i>Salisbury</i>		Month <i>April</i>		Day <i>20</i>		Years <i>5</i>	
Date of death <i>1905</i>		Month <i>April</i>		Day <i>20</i>		Age <i>5</i>	
Sex <i>male</i>		Color or Race <i>White</i>		Birthplace <i>Salisbury Md</i>			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name <i>J Frank Bonnerill</i>				Father's Birthplace <i>Md</i>			
Mother's Maiden Name <i>Belia G Mumford</i>				Mother's Birthplace <i>Md</i>			
Name of person giving information <i>J Frank Bonnerill</i>				How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Perinatal Birth</i>		How long <i>5 days</i>	
Immediate <i>Convulsions</i>		How long <i>2-13 hours</i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Louis W. McCombs M.D.</i>	
		Address <i>Salisbury Md</i>	
Accident or Suicide?			



Name
in
Full

Benjamin T. Booth

CERTIFICATE OF DEATH

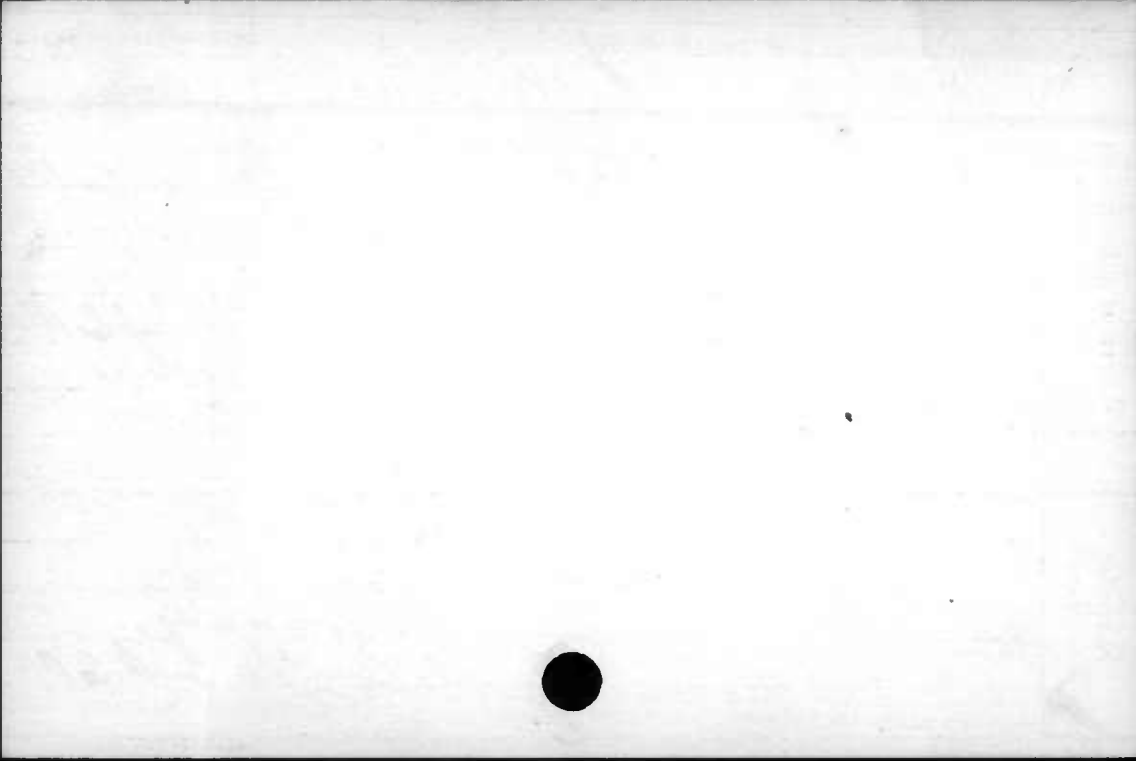
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Salisbury</u> Town		<u>Wicomico</u> County		MARYLAND	
Date of death	1905	Month	April	Day	27
Age	60	Years	8	Months	3
Sex	Male	Color or Race	White	Birthplace	Salisbury Md.
Occupation	Wheelwright	Where Residing if not at place of death			
Married, Single or Widowed	Married	Name of Wife or Husband	Lurindia E. Booth		
Father's Name	William Booth			Father's Birthplace	
Mother's Maiden Name				Mother's Birthplace	
Name of person giving information	William E. Booth			How related to deceased	Son

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Meningitis Tubercular	How long	1000 yrs?
Immediate	Convulsions for	How long	2 days
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		Geo. W. Ford	
Address		Salisbury Md	
Accident or Suicide?			



Name
in
Full

Thanna Cornman

CERTIFICATE OF DEATH

Died at Salisbury Town

County

Wicomico

MARYLAND

Date

of death 1905

Month

April

Day

6

Years

Age 26

Months

2

Days

9

Sex

Female

Color or
Race

White

Birth-
place

Love hts Co. Md

Occupation

Housewife

Where Residing if not
at place of death

Salisbury Wicomico Co. Md

Married, Single
or Widowed

Married

Name of Wife or
Husband

Calvin Cornman

Father's
Name

William R. Mott

Father's
Birthplace

Dorchester Co. Md

Mother's
Maiden Name

Clara Miers

Mother's
Birthplace

Dorchester Co. Md

Name of person giving
information

William R. Mott

How related
to deceased

Father

CAUSES OF DEATH

Primary

Cerebral Palsy

How long

Immediate

Septicemia

How long

20 days

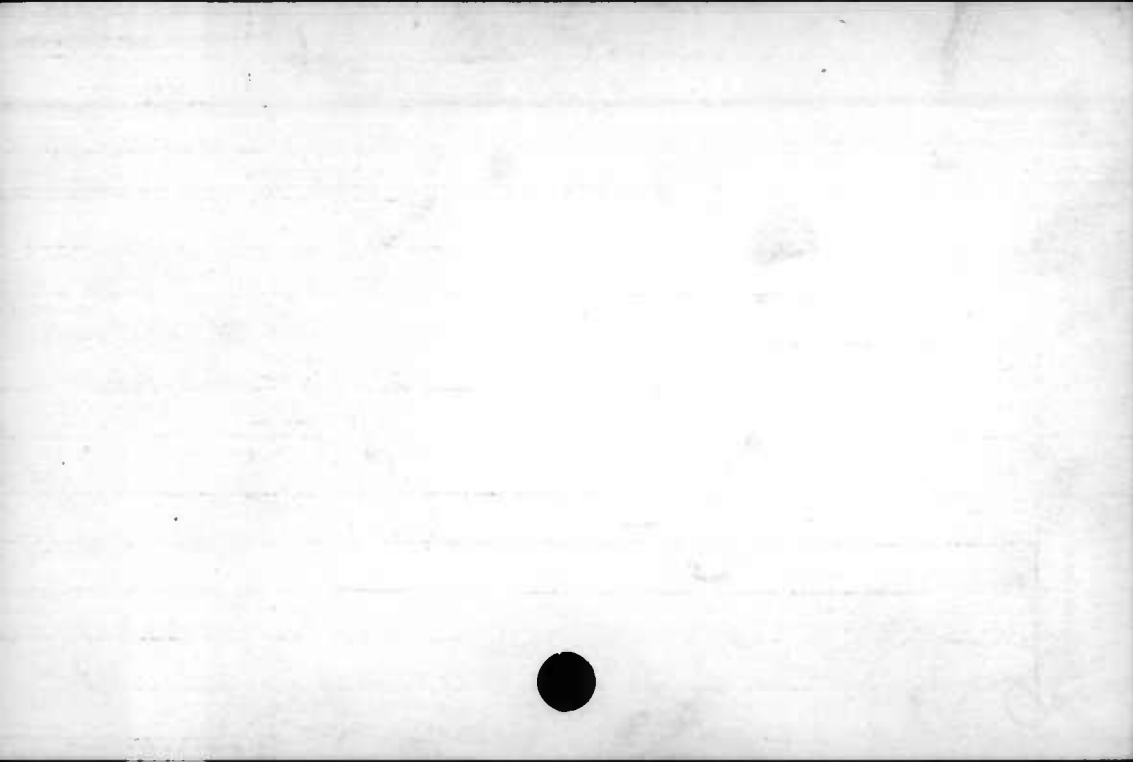
Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

J. Cornman
Wicomico Co. Md

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

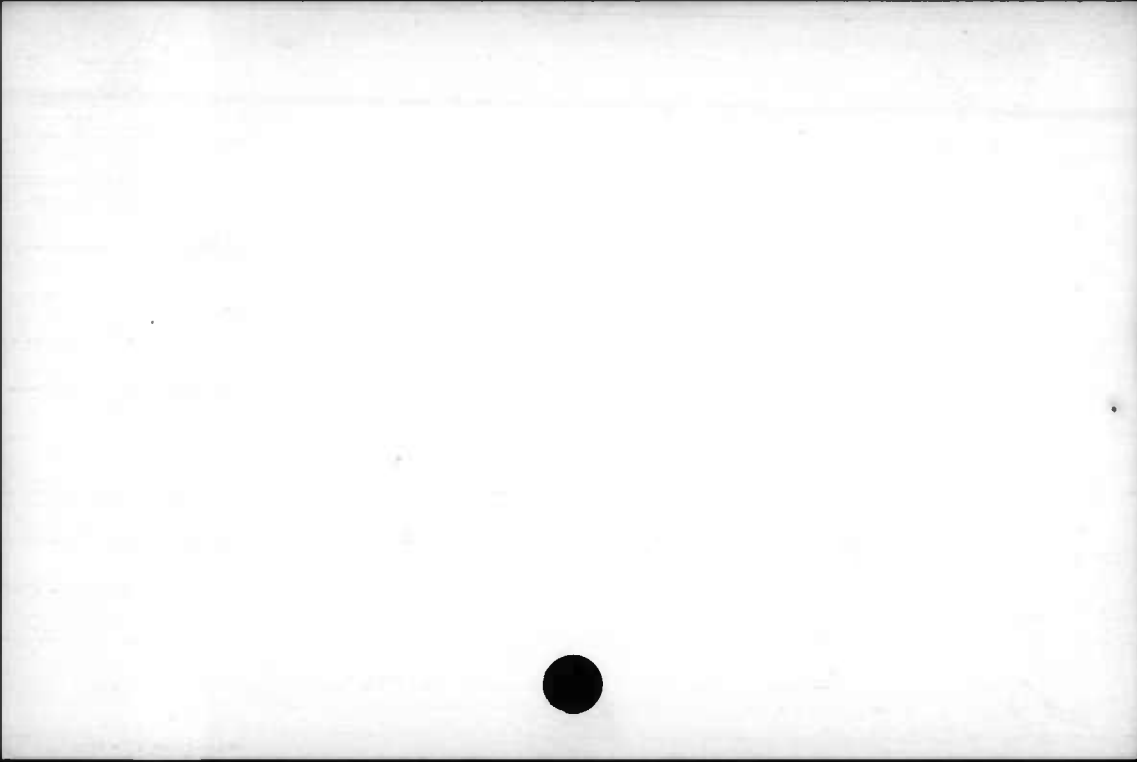
TO BE ANSWERED BY
NEAREST FRIEND

Name <i>Kary Dennis</i>		Town <i>Quantico</i>		County <i>Wicomico</i>		MARYLAND	
Died at <i>Quantico</i>		Month <i>Apr</i>		Day <i>12</i>		Years <i>2</i>	
Date of death <i>1905</i>		Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Quantico</i>	
Occupation <i>None</i>		Where Residing if not at place of death <i>Quantico</i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>None</i>					
Father's Name <i>Algie Dennis</i>		Father's Birthplace <i>Sharptown</i>					
Mother's Maiden Name <i>Zewiford</i>		Mother's Birthplace <i>Sharptown</i>					
Name of person giving information <i>W. H. H. Dashiell</i>		How related to deceased					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Whooping Cough</i>	How long	<i>4 weeks</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Wm H H Dashiell</i>	
		Address <i>Quantico Md</i>	
Accident or Suicide?			



Name
in
Full

Ernesta Jackson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

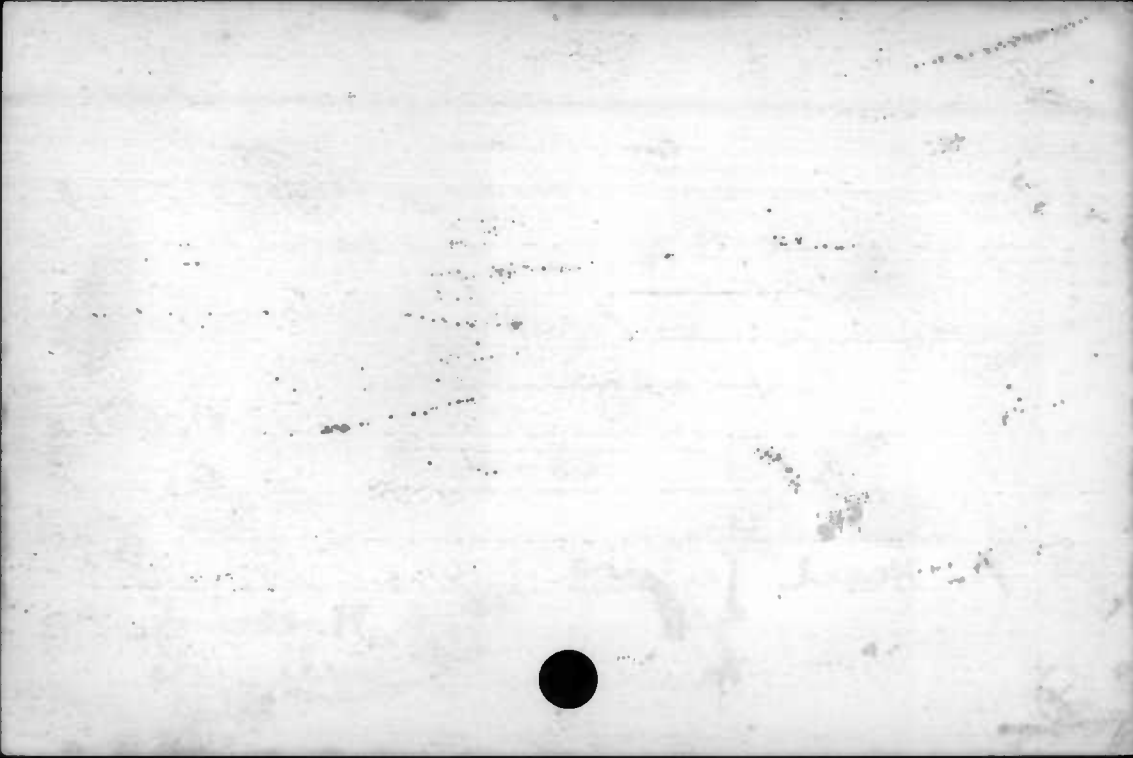
MARYLAND

Died at <u>Frederickville</u>		County <u>Wicomico</u>	
Date of death <u>1905</u>	Month <u>April</u>	Day <u>22</u>	Age <u>15</u>
Sex <u>Female</u>	Color or Race <u>colored</u>	Months <u>7</u>	Days <u>7</u>
Occupation <u></u>	Where Residing if not at place of death <u>Frederickville</u>	Birth-place <u>Shilohs</u>	
Married, Single or Widowed <u></u>	Name of Wife or Husband <u></u>	Father's Birthplace <u>Wicomico</u>	
Father's Name <u>Ernest Jackson</u>	Mother's Maiden Name <u>Rosa Chase</u>	Mother's Birthplace <u></u>	
Name of person giving information <u>Mother</u>	How related to deceased <u>Sister</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
Immediate <u>Consumption</u>	How long <u>18 months</u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>J. H. O'Day M.D.</u>
	Address <u>Frederickville, Md.</u>
Accident or Suicide?	



Name
in
Full

Jane Elizabeth Hall

CERTIFICATE OF DEATH

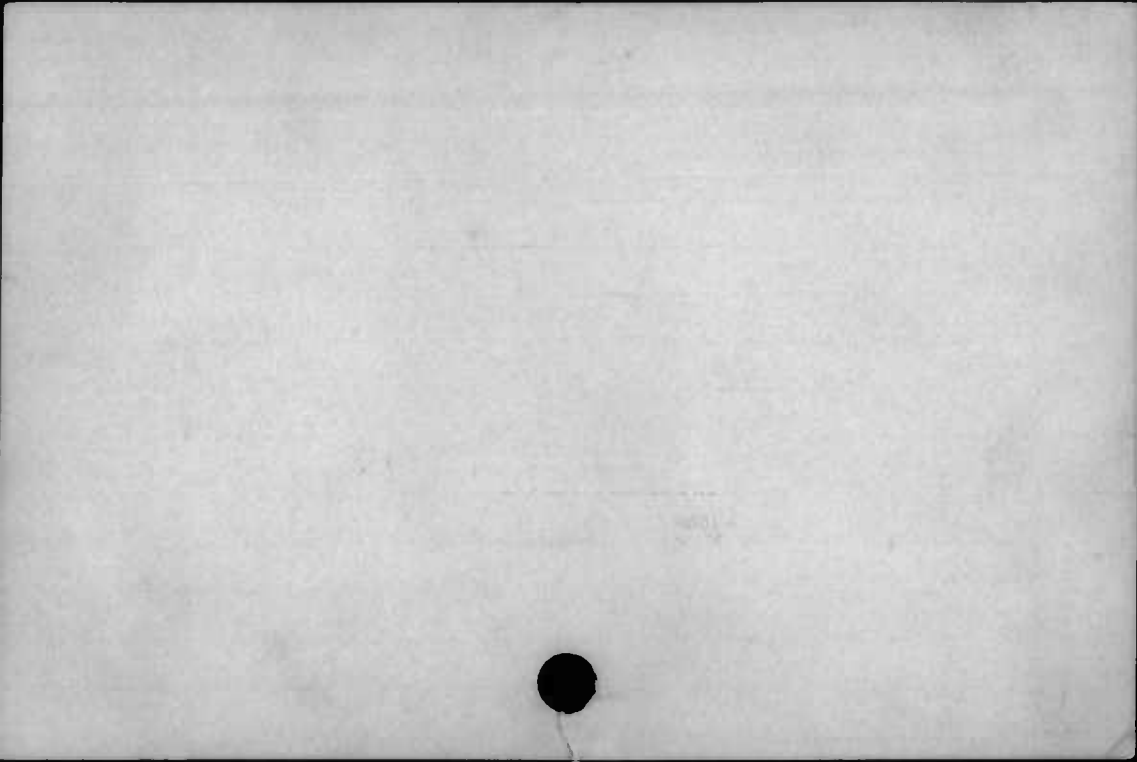
TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Powellville		^{County} Wilkes		MARYLAND									
Date of death	1900	Month	April	Day	3 ^d	Age	77	Years		Months	0	Days	10
Sex	female	Color or Race	white	Birth-place	Bishopville								
Occupation	general housework			Where Residing if not at place of death									
Married, Single or Widowed	widow			Name of Wife or Husband									
Father's Name	Josiah Carey			Father's Birthplace		Bishopville							
Mother's Maiden Name	Betsey			Mother's Birthplace		Whaleyville							
Name of person giving information				How related to deceased		Children							

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Old age.	How long	Two years
Immediate	Heart failure	How long	
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	C A Holland
		Address	Powellville Md
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

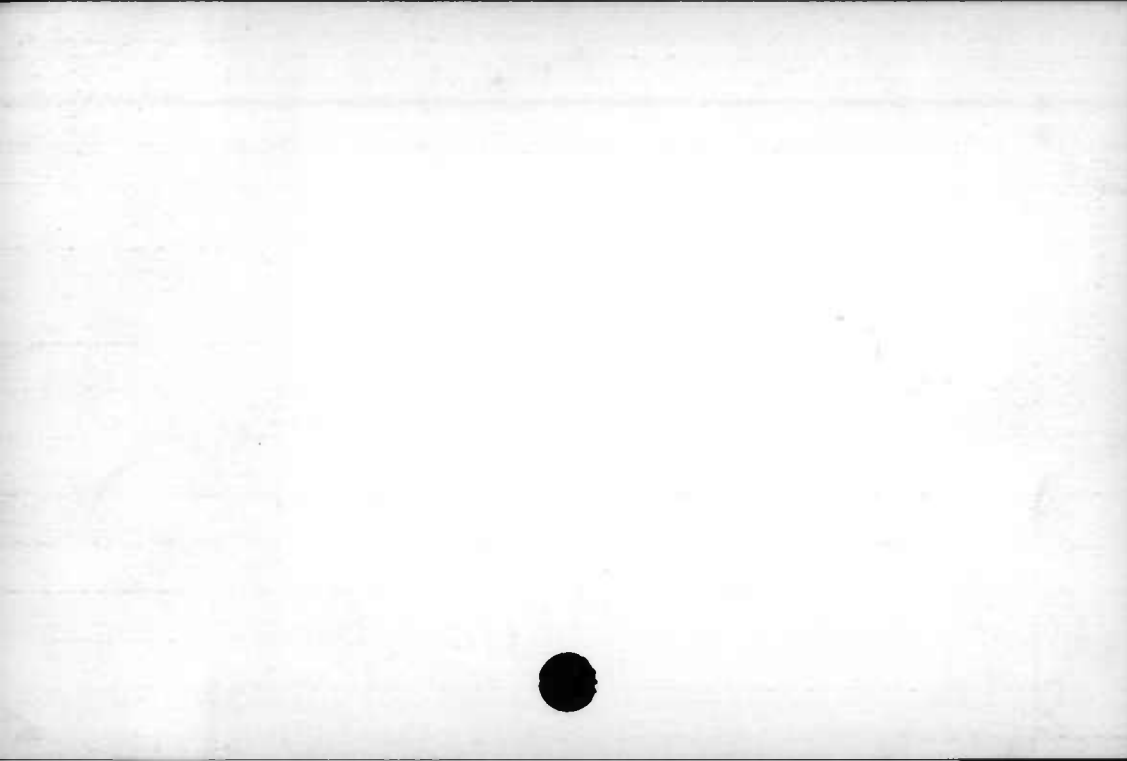
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full James O Harcum		Town Salisbury		County Wicomico		MARYLAND	
Died at Salisbury		Month April		Day 14		Years 72	
Date of death 1905		Months 9		Days 2			
Sex male		Color or Race White		Birth-place Ova			
Occupation Farmer		Where Residing if not at place of death Lillian Ova					
Married, Single or Widowed		Name of Wife or Husband Adella Harcum					
Father's Name Samuel Harcum		Father's Birthplace Ova					
Mother's Maiden Name Don't know		Mother's Birthplace					
Name of person giving information Edward M Harcum		How related to deceased Son					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Heart. Tuberculosis	How long 6 months
Immediate	Heart failure	How long 3 weeks
Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician W. L. Spring
		Address Salisbury Md.
Accident or Suicide?		



Name

in
Full

Infant no name

CERTIFICATE OF DEATH

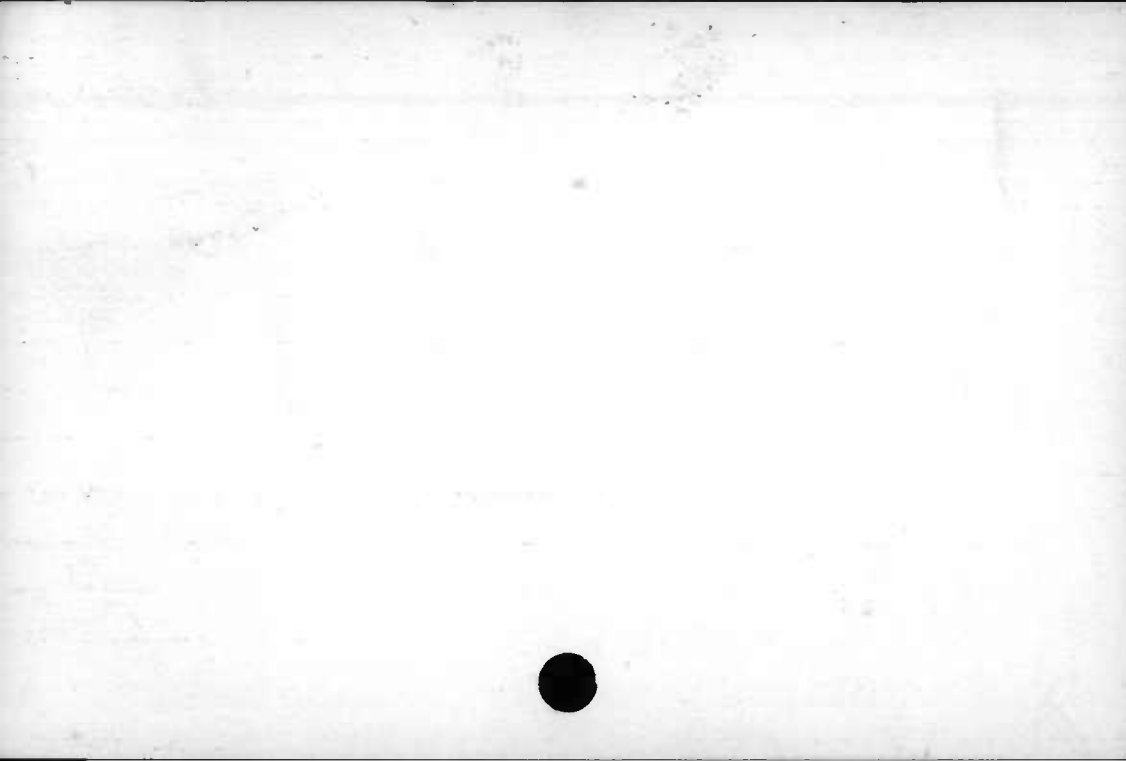
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Salisbury</i> Town		<i>Wicomico</i> County		MARYLAND	
Date of death <i>1905</i> Month <i>April</i> Day <i>8</i>		Age		Years	Months Days
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Salisbury Md</i>			
Occupation		Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband			
Father's Name <i>James Hastings</i>		Father's Birthplace <i>Md</i>			
Mother's Maiden Name <i>Ebber Knowls</i>		Mother's Birthplace <i>Md</i>			
Name of person giving information <i>James Hastings</i>		How related to deceased <i>Daughter</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Still Born</i>	How long <i>S.</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>J. H. Hemmons</i>
	Address <i>Salisbury Md.</i>
Accident or Suicide?	



Name
in
Full

Eula May Horsey

CERTIFICATE OF DEATH

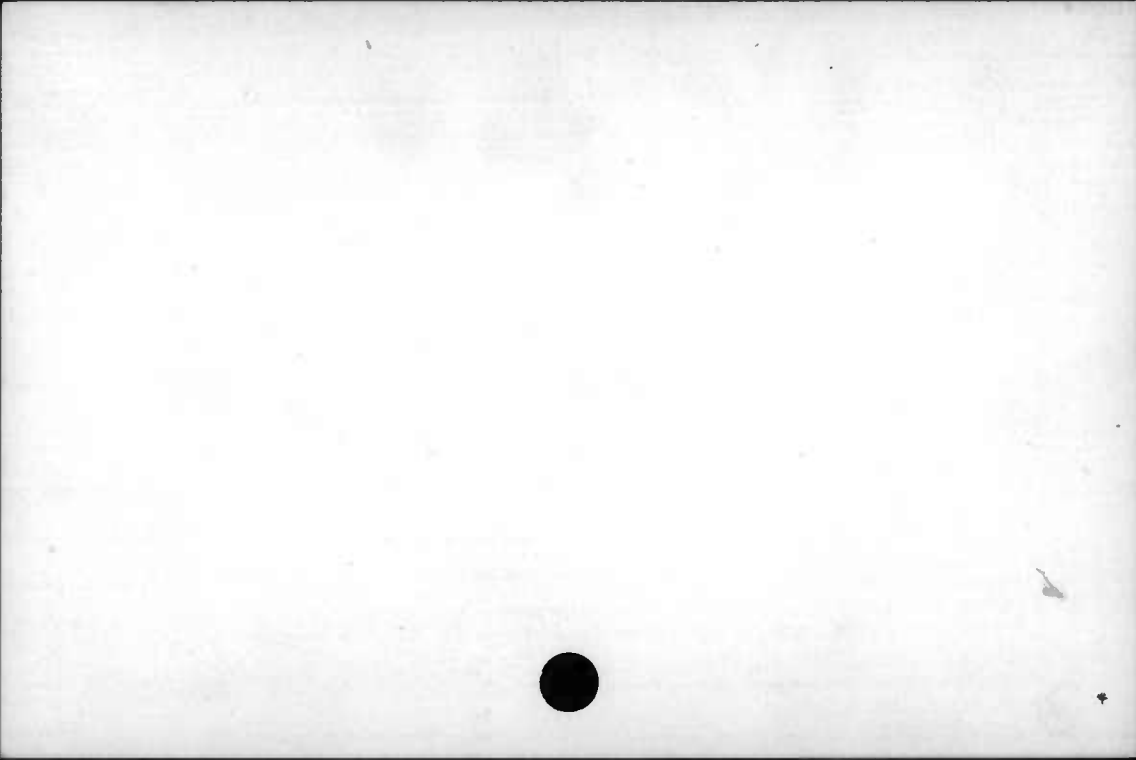
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Mear Mardela</i>		County <i>Wicomico</i>		MARYLAND					
Date of death	1905	Month	4	Day	14	Years	Age 19	Months	11	Days	13
Sex	<i>Female</i>			Color or Race	<i>Colored</i>			Birth-place	<i>Md</i>		
Occupation	<i>House wife</i>				Where Residing if not at place of death						
Married, Single or Widowed	<i>Married</i>			Name of Wife or Husband	<i>Albert - Horsey</i>						
Father's Name	<i>Isaac Waller</i>							Father's Birthplace	<i>Md</i>		
Mother's Maiden Name	<i>Oleavia Waller</i>							Mother's Birthplace	<i>Md</i>		
Name of person giving information	<i>Albert - Horsey</i>							How related to deceased	<i>Husband</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Indigestion</i>	How long	<i>2 Days</i>
Immediate		How long	<i>convulsions</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>A L Leabron</i>		Address <i>Mardela Springs Md</i>	
Accident or Suicide?			



Name
in
Full

Addie M. Jackson

CERTIFICATE OF DEATH

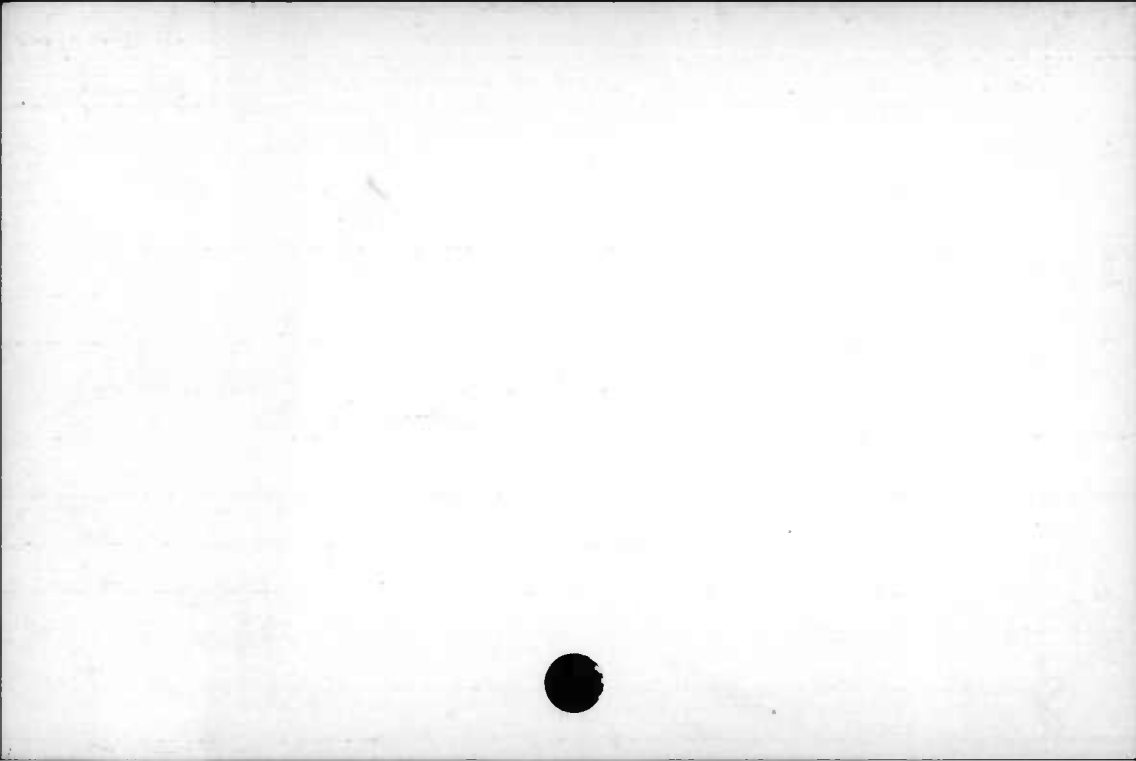
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Salisbury</u> ^{Town}		<u>Wicomico</u> ^{County}		MARYLAND	
Date of death <u>1905</u> - <u>April</u> ^{Month} <u>17th</u> ^{Day} <u>Age</u> <u>29</u> ^{Years} <u>8</u> ^{Months} <u></u> ^{Days}					
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>Wicomico Co. Md.</u>			
Occupation <u>Housewife</u>	Where Residing if not at place of death <u></u>				
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>E. J. Jackson</u>				
Father's Name <u>Samuel Cordray</u>	Father's Birthplace <u>Maryland</u>				
Mother's Maiden Name <u>Jane Foster</u>	Mother's Birthplace <u>"</u>				
Name of person giving information <u>E. J. Jackson</u>		How related to deceased <u>Husband</u>			

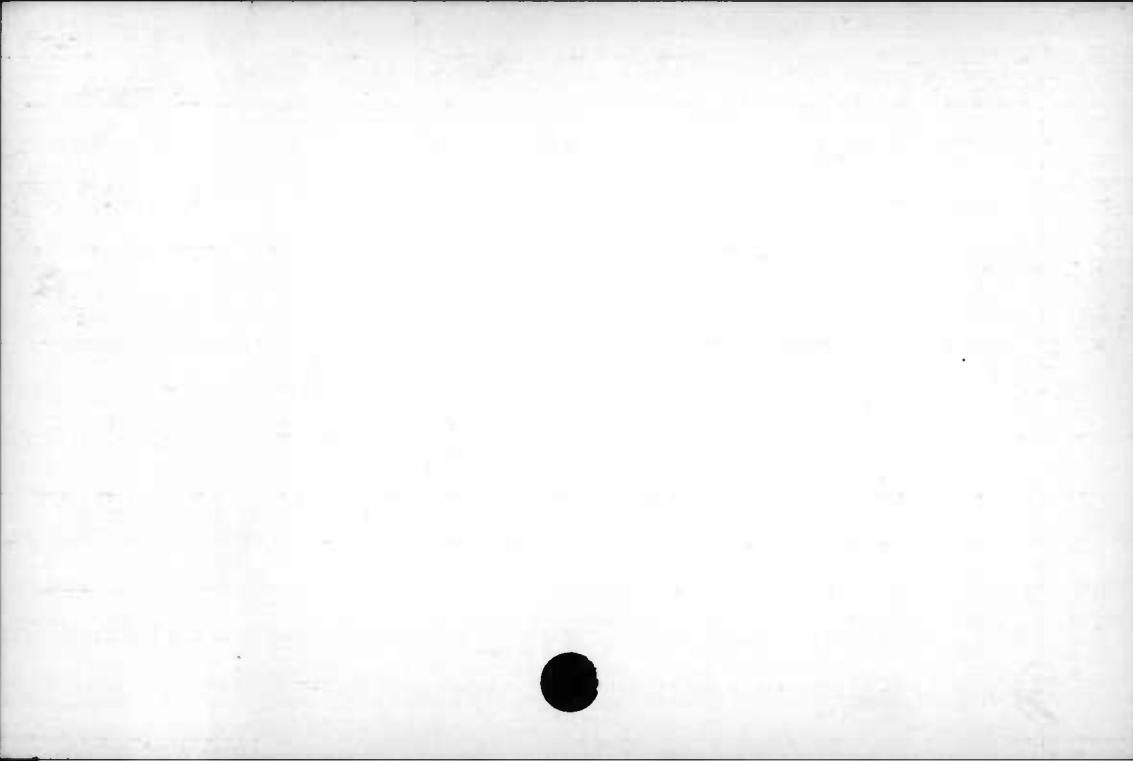
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Tuberculosis</u>	How long <u>13 years</u>
Immediate <u>Infection & Heart failure</u>	How long <u>6 months</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>Louis Wellons M.D.</u>
	Address <u>Oriskany Md.</u>
Accident or Suicide? <u></u>	



Name in Full		William Johnson				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>Salisbury</i> Town		County <i>Wicomico</i>		MARYLAND	
		Date of death <i>1905</i> Month <i>April</i> Day <i>16</i>		Age <i>65</i> Years		Months Days	
		Sex <i>male</i>		Color or Race <i>Black</i>		Birth-place <i>MD</i>	
		Occupation <i>Laborer</i>		Where Residing if not at place of death			
		Married, Single or Widowed		Name of Wife or Husband			
PHYSICIAN OR CORONER		Father's Name <i>Don't know</i>				Father's Birthplace	
		Mother's Maiden Name <i>Don't know</i>				Mother's Birthplace	
		Name of person giving information <i>John W Carroll</i>				How related to deceased <i>no relation</i>	
		CAUSES OF DEATH					
PHYSICIAN OR CORONER		Primary <i>Lung cancer</i>		How long <i>10</i>		How long <i>10 days or two weeks</i>	
		Immediate <i>Heart failure</i>					
		Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Louis W. Ream, M.D.</i>			
				Address <i>Salisbury Md.</i>			
		Accident or Suicide?					



Name in Full *Maria Leatherberg*

CERTIFICATE OF DEATH

Town *Salisbury* County *Wicomico*
 Died at
 Date of death *1905 April 13* Day *13* Age *72* Years Months Days
 Sex *Female* Color or Race *Black* Birth-place *Md*

Occupation *Housework* Where Residing if not at place of death
 Married, Single or Widowed *Single* Name of ~~Wife~~ or Husband *James Leatherberg*

Father's Name *Frost Bullett* Father's Birthplace *Md*
 Mother's Maiden Name *Ester Burris* Mother's Birthplace *Md*

Name of person giving information *George Bullett* How related to deceased *Brother*

CAUSES OF DEATH

Primary *Grippe* How long *1 week*
 Immediate *Congestion Lungs* How long *2 or 3 days*

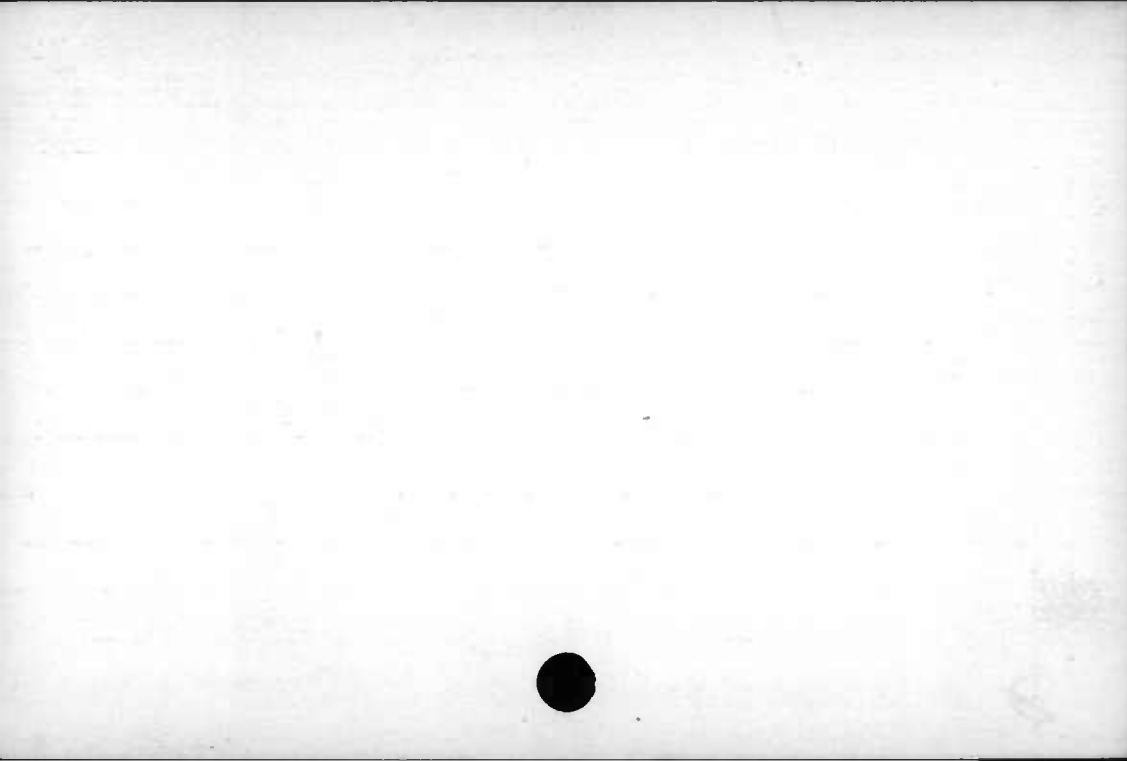
Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *J. M. Clements M.D.*

Address *Salisbury Md*

Accident or Suicide?

TO BE ANSWERED BY NEAREST FRIEND

PHYSICIAN OR CORONER



Name
in
Full

Eather A. Marshall

CERTIFICATE OF DEATH

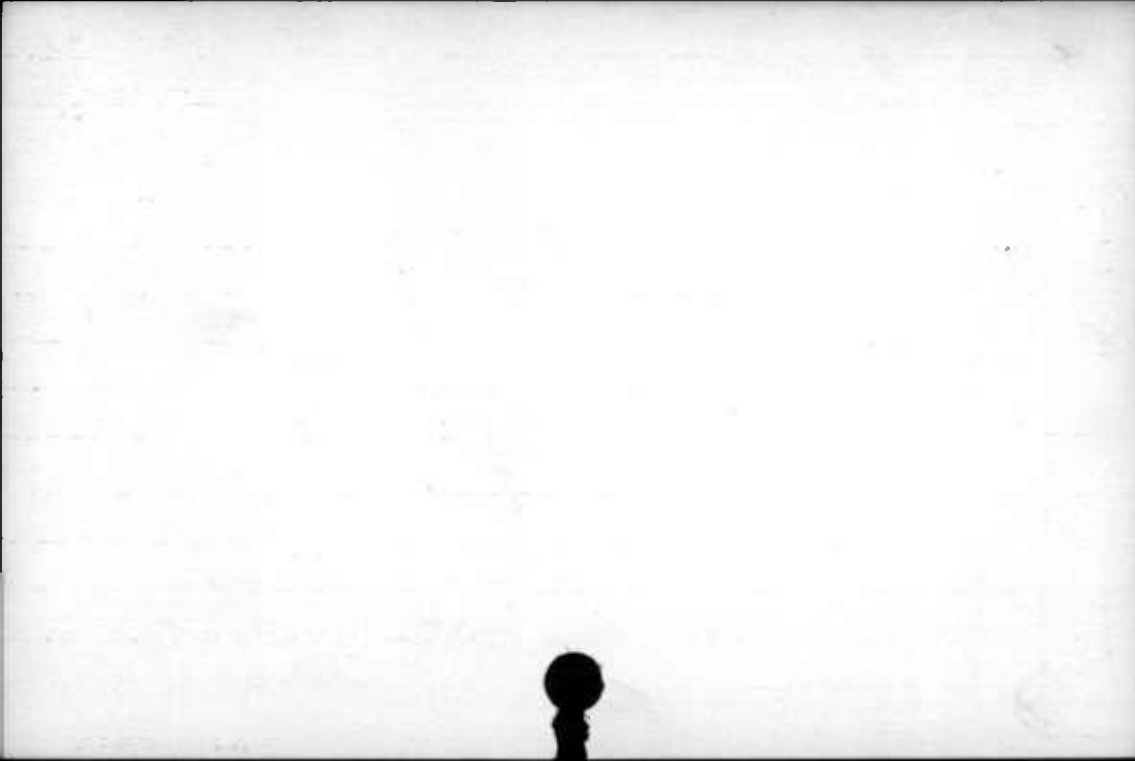
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Rockaway</i> <small>Town</small>		<i>Wicomico</i> <small>County</small>		MARYLAND	
Date of death <i>1905</i> <small>Month</small> <i>April</i> <small>Day</small> <i>1st</i> <small>Years</small> <i>63</i>		<i>63</i> <small>Months</small>		<i>---</i> <small>Days</small>	
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Wicomico Co. Md.</i>			
Occupation <i>Housekeeper</i>		Where Residing if not at place of death <i>---</i>			
Married, Single or Widowed <i>Widow</i>	Name of Wife or Husband <i>M. J. Marshall</i>				
Father's Name <i>Hopkins</i>		Father's Birthplace <i>" " "</i>			
Mother's Maiden Name		Mother's Birthplace <i>" " "</i>			
Name of person giving information <i>Samuel B. Marshall</i>		How related to deceased <i>Son</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Heart Disease</i>	How long <i>don't know</i>
Immediate	<i>Heart Disease</i>	How long <i>---</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Geo. W. Todd</i>
		Address <i>Salisbury Md</i>
Accident or Suicide?		



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

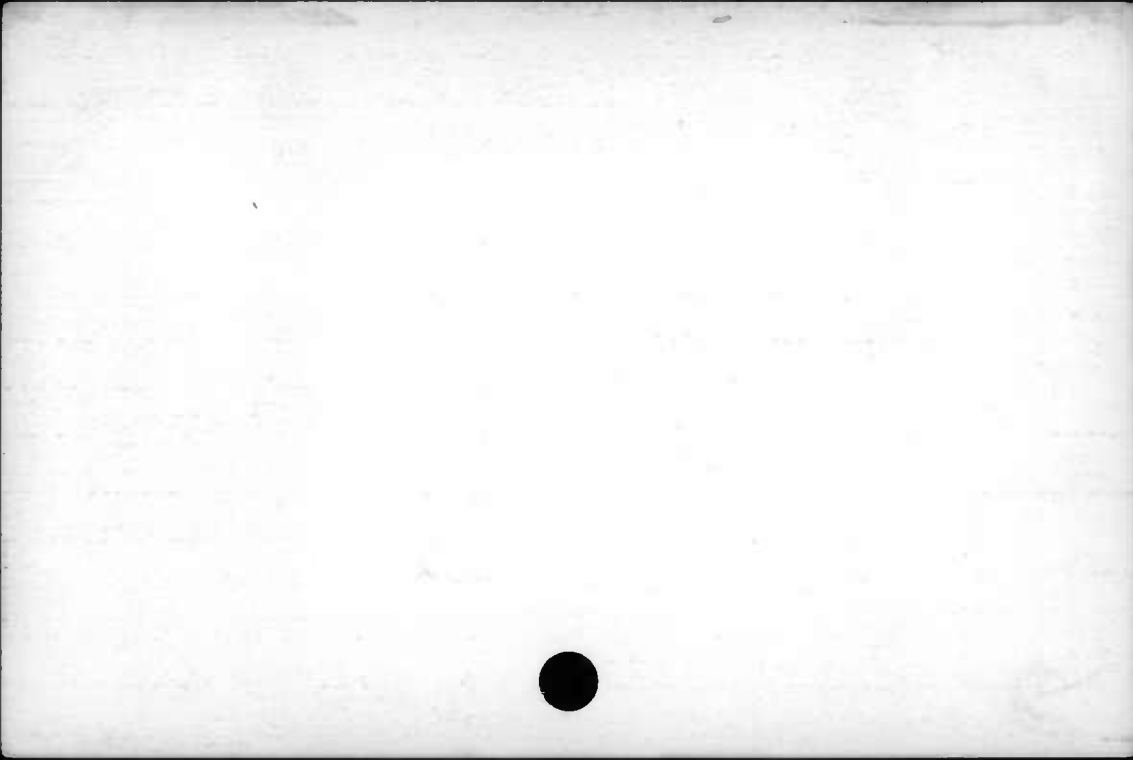
MARYLAND

Died at <i>Wetzigum</i> Town		<i>Hickman</i> County			
Date of death <i>1905</i>	Month <i>April</i>	Day <i>2</i>	Years <i>65</i>	Months	Days
Sex <i>Male</i>	Color or Race <i>white</i>		Birth-place <i>Hickman</i>		
Occupation <i>Miner</i>		Where Residing if not at place of death <i>Wetzigum</i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>W. J. Moore</i>			
Father's Name <i>Thomas Moore</i>		Father's Birthplace			
Mother's Maiden Name <i>Elizabeth Moore</i>		Mother's Birthplace			
Name of person giving information <i>W. A. Moore</i>		How related to deceased <i>Daughter</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Pneumonia</i>	How long	<i>2 months</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>W. A. Bankford</i>	
		Address <i>White Hamm</i>	
Accident or Suicide? <i>No</i>			



Name
in
Full

CERTIFICATE OF DEATH

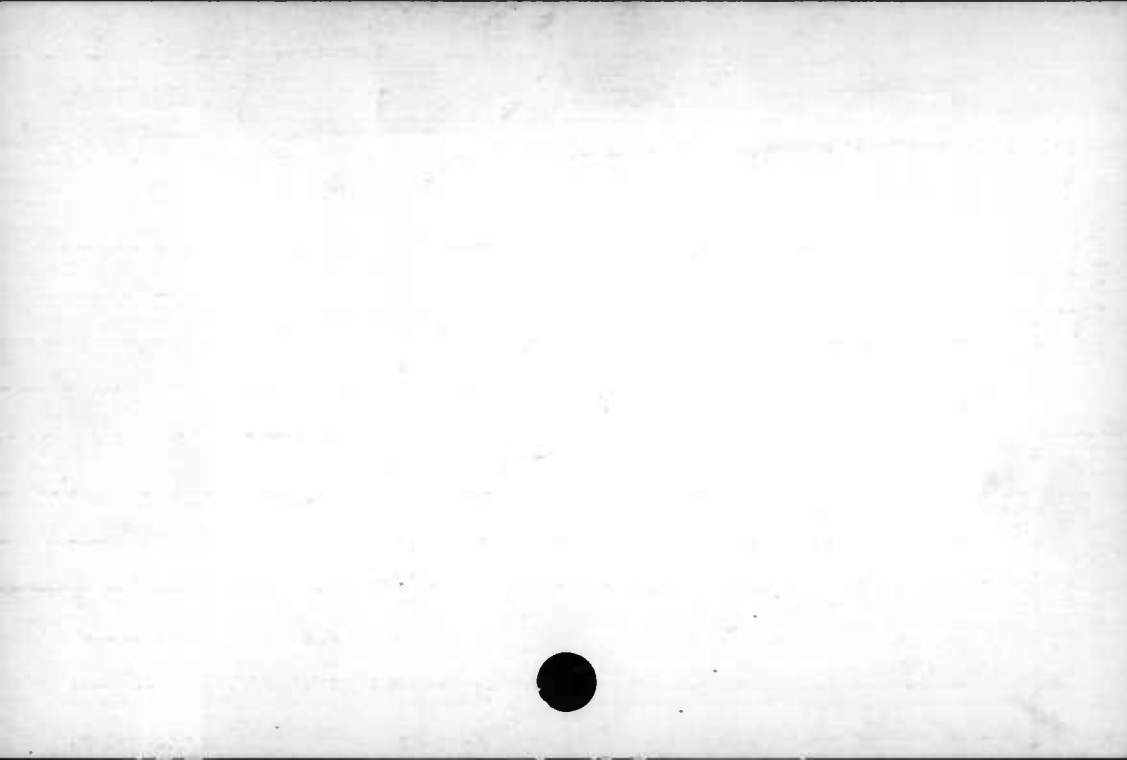
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Capitol</i> Tcwn		County <i>Wicomico</i>		MARYLAND		
Date of death	1905	Month <i>April</i>	Day <i>29</i>	Age <i>49</i> Years	Months	Days
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>Wicomico</i>			
Occupation <i>Housewife</i>		Where Residing if not at place of death				
Married, Single or Widowed		Name of Wife or Husband <i>Geo W Moore</i>				
Father's Name <i>John E. Hainwright</i>		Father's Birthplace				
Mother's Maiden Name <i>Esther Hainwright</i>		Mother's Birthplace				
Name of person giving information <i>Geo W Moore</i>		How related to deceased <i>Husband</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Tuberculosis</i>	How long	<i>2 years</i>
Immediate	<i>"</i>	How long	<i>2 mos</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<i>J. A. Bishop</i>
<i>Yes</i>		Address	<i>Hainwrights</i>
Accident or Suicide?			<i>No</i>



Name
in
Full

CERTIFICATE OF DEATH

Lucia E. Morris

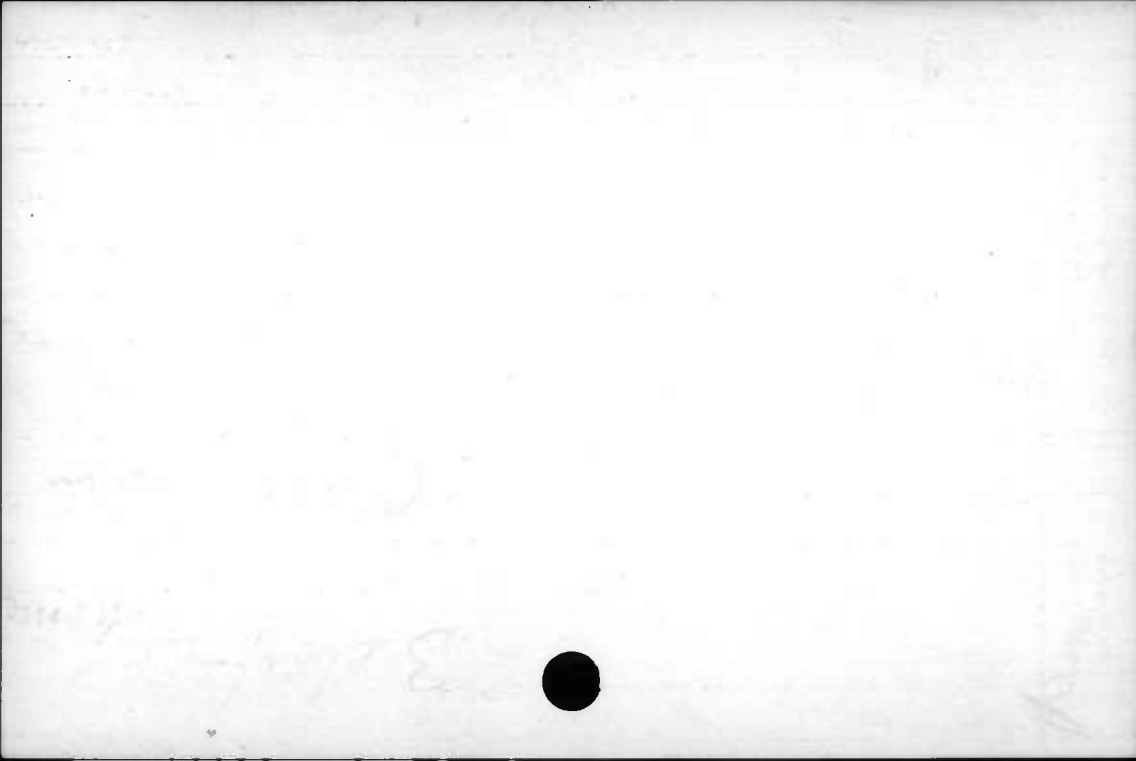
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Rockaway</i> <small>Town</small>		<i>Wicomico</i> <small>County</small>		MARYLAND	
Date of death <i>1905</i> <small>Year</small>	<i>April</i> <small>Month</small>	<i>12</i> <small>Day</small>	Age <i>15</i> <small>Years</small>	<i></i> <small>Months</small>	<i></i> <small>Days</small>
Sex <i>Female</i>	Color or Race <i>Caucasian</i>	Birth-place <i></i>			
Occupation <i></i>	Where Residing if not at place of death <i></i>				
Married <i>Single</i>	Name of Wife or Husband <i></i>				
Father's Name <i>George P. Morris</i>	Father's Birthplace <i>Rockaway</i>				
Mother's Maiden Name <i>Louisa L. Morris</i>	Mother's Birthplace <i>Wicomico</i>				
Name of person giving information <i>George P. Morris</i>	How related to deceased <i>father</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Chronic Heart & Kidney Disease</i>	How long <i>17</i> <small>Years</small>
Immediate <i>Toxaemia</i>	How long <i>48</i> <small>Hours</small>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Louis W. Morris M.D.</i>
<i>J</i> Accident or Suicide?	Address <i>Oriskany Md</i>



Name
in
Full

Libby Morris

CERTIFICATE OF DEATH

Died at ^{near} ~~on Spring Hill Road~~ ^{Town of Salisbury} ~~Salisbury~~County ~~Wicomico~~

MARYLAND

Date of death 1908 April 20

Age 15

9 Months

Days

Sex Female

Color or Race

Black

Birth-place

Md

Occupation

Where Residing if not at place of death

Married, Single or Widowed

Name of Wife or Husband

Father's Name

Stephen Morris

Father's Birthplace

Md

Mother's Maiden Name

Leah A Hopkins

Mother's Birthplace

Md

Name of person giving information

Samuel Morris

How related to deceased

Brother

CAUSES OF DEATH

Primary

Suppose Consumption

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

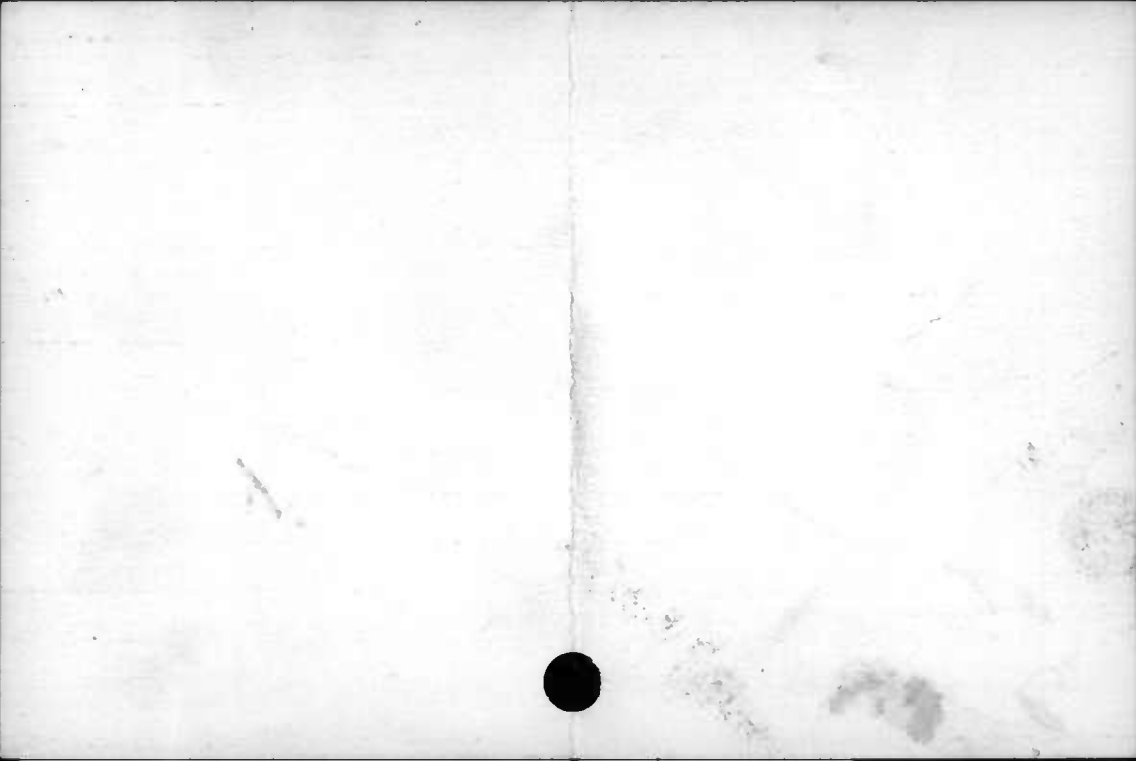
L C Hollaway & Co
Salisbury Md

Accident or Suicide?

no

undertakes

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN,
OR CORONER



Name
in
Full

Lida B Nicholson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Salisbury

Town

County

Wicomico

MARYLAND

Date

of death 1906 April 26

Month

Day

Age 21

Years

4 Months

6 Days

Sex

Female

Color or
Race

White

Birth-
place

Salisbury Md

Occupation

Housework

Where Residing if not
at place of death~~Married~~ Single
or widowedName of Wife or
HusbandFather's
Name

Eugene H Nicholson

Father's
Birthplace

Md

Mother's
Maiden Name

Ida E Marvel

Mother's
Birthplace

Md

Name of person giving
In formation

Ida E Nicholson

How related
to deceased

Mother

CAUSES OF DEATH

Primary

Tuberculosis

How long

1 year

Immediate

General Emaciation & Anemia

How long

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

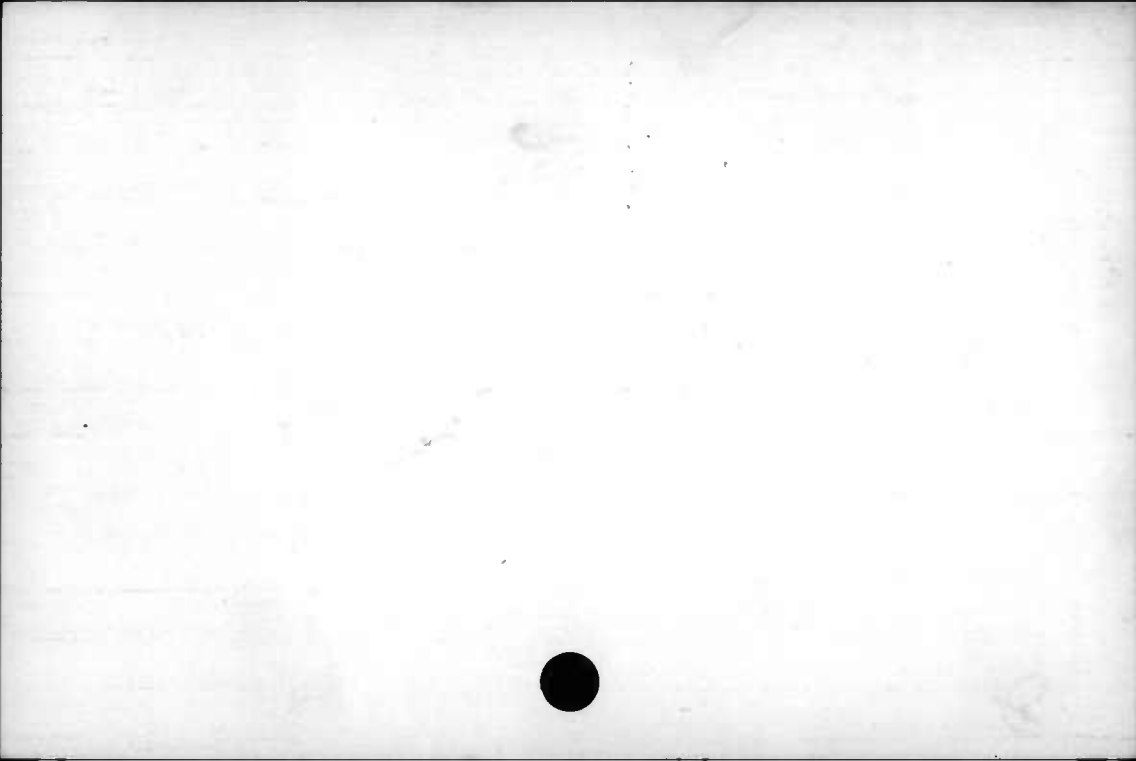
Address

Louis W. Korman, M.D.
(Indiv. signed)

Accident or Suicide?



Name in Full		Sarah Catharine Perdue				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at ^{Town} Near Salisbury Md.		County ^{County} Wicomico		MARYLAND	
		Date of death 1905- April 18		Age 64		Months <u> </u> Days <u> </u>	
		Sex Female		Color or Race White		Birth-place Worcester Co. Md.	
		Occupation Housewife		Where Residing if not at place of death At her home near Salisbury			
		Married, Single or Widowed Married		Name of Wife or Husband Jas. B. Perdue			
		Father's Name Major Phillips		Father's Birthplace Sussex Co. Del.			
		Mother's Maiden Name Kitty H. Williams		Mother's Birthplace " " "			
		Name of person giving information J. L. Phillips		How related to deceased Brother			
CAUSES OF DEATH							
PHYSICIAN OR CORONER		Primary Phthisis accompanied with Bright.		How long 20th mo			
		Immediate Exhaustion		How long <u> </u>			
		Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician Geo. W. Todd			
				Address Geo. W. Todd Salisbury Md			
		Accident or Suicide?					



Name
in
Full

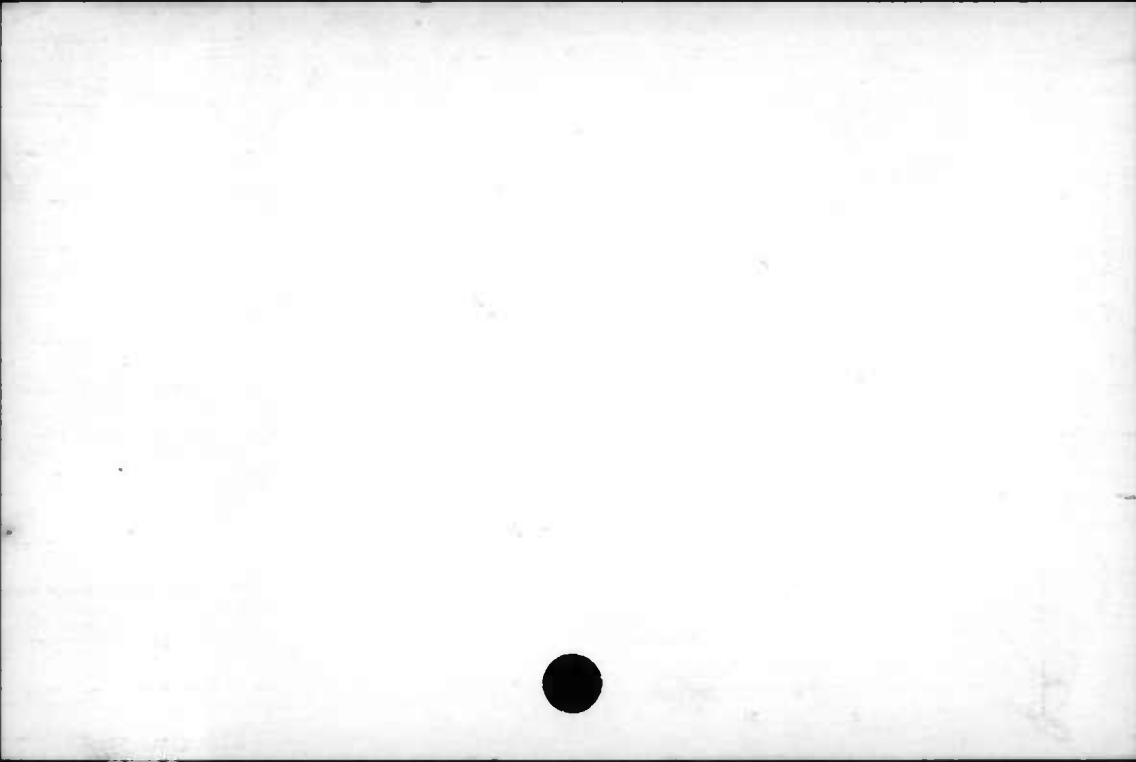
Josephine Rider

CERTIFICATE OF DEATH

Died at <u>Salisbury</u> <small>Town</small>		<u>Pocomoke</u> <small>County</small>		MARYLAND	
Date of death <u>1904</u>	<u>April</u> <small>Month</small>	<u>27</u> <small>Day</small>	Age <u>36</u> <small>Years</small>	<u>8</u> <small>Months</small>	<u>13</u> <small>Days</small>
Sex <u>female</u>	Color or Race <u>colored</u>		Birth-place <u>Salisbury</u>		
Occupation <u>Unknown</u>	Where Residing if not at place of death				
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband				
Father's Name <u>Levin Rider</u>	Father's Birthplace <u>Pocomoke</u>		Mother's Birthplace <u>Dorchester</u>		
Mother's Maiden Name <u>Mary C. Venable</u>	Name of person giving information <u>Sarah D. Parker</u>		How related to deceased <u>daughter</u>		

CAUSES OF DEATH

Primary <u>La Grippe, Tuberculosis,</u>	How long <u>3 or 4 months</u>
Immediate <u>Asthma & heart failure</u>	How long
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Louis W. Morris</u>
	Address <u>Salisbury</u>
<input checked="" type="checkbox"/> Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

Maggie J. Rider

Town

County

MARYLAND

Died at

near Hibernia

Wisconsin

Date

of death 1905

Month

4

Day

4

Age

Years

27

Months

3

Days

Sex

Female

Color or
Race

Caucasian

Birth-
place

Md

Occupation

House Wife

Where Residing if not
at place of deathMarried, Single
or Widowed

Married

Name of Wife or
Husband

Charles Rider

Father's
Name

Abr. Honey

Father's
Birthplace

Md

Mother's
Maiden Name

Mary Bedworth

Mother's
Birthplace

Md

Name of person giving
In formation

Chas Rider

How related
to deceased

Husband

CAUSES OF DEATH

Primary

Consumption

How long

14 months

Immediate

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

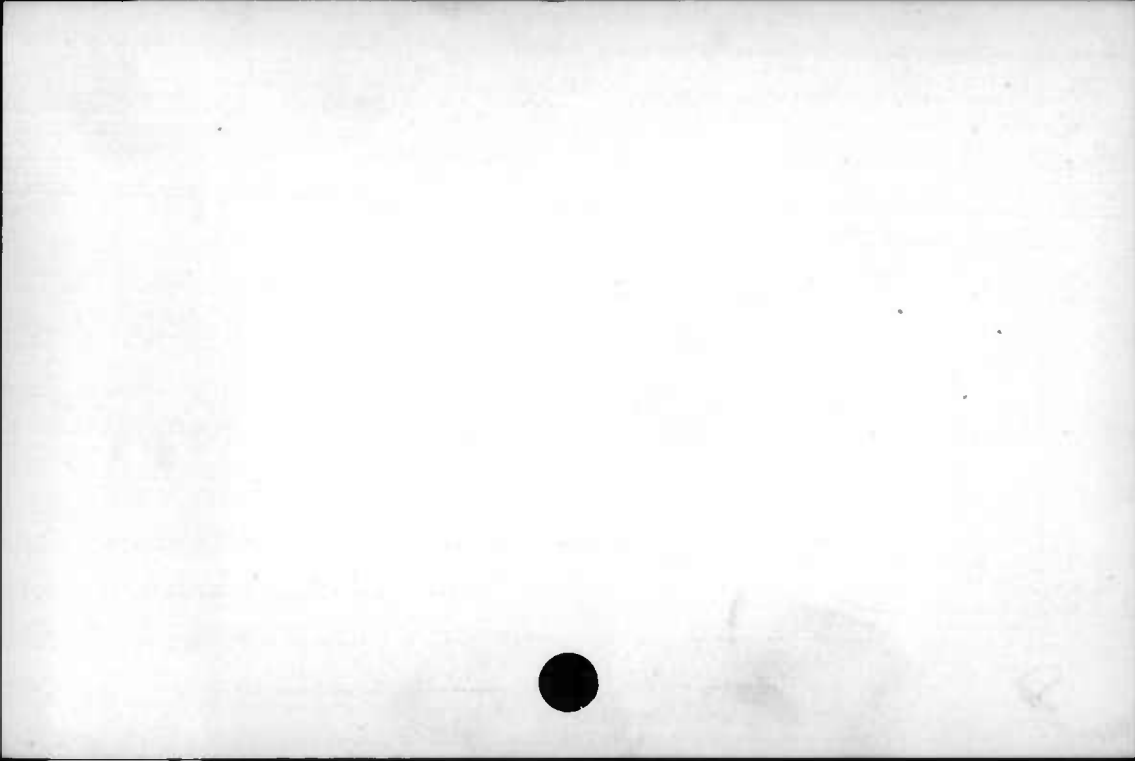
A. J. Leasure

Mardela Springs

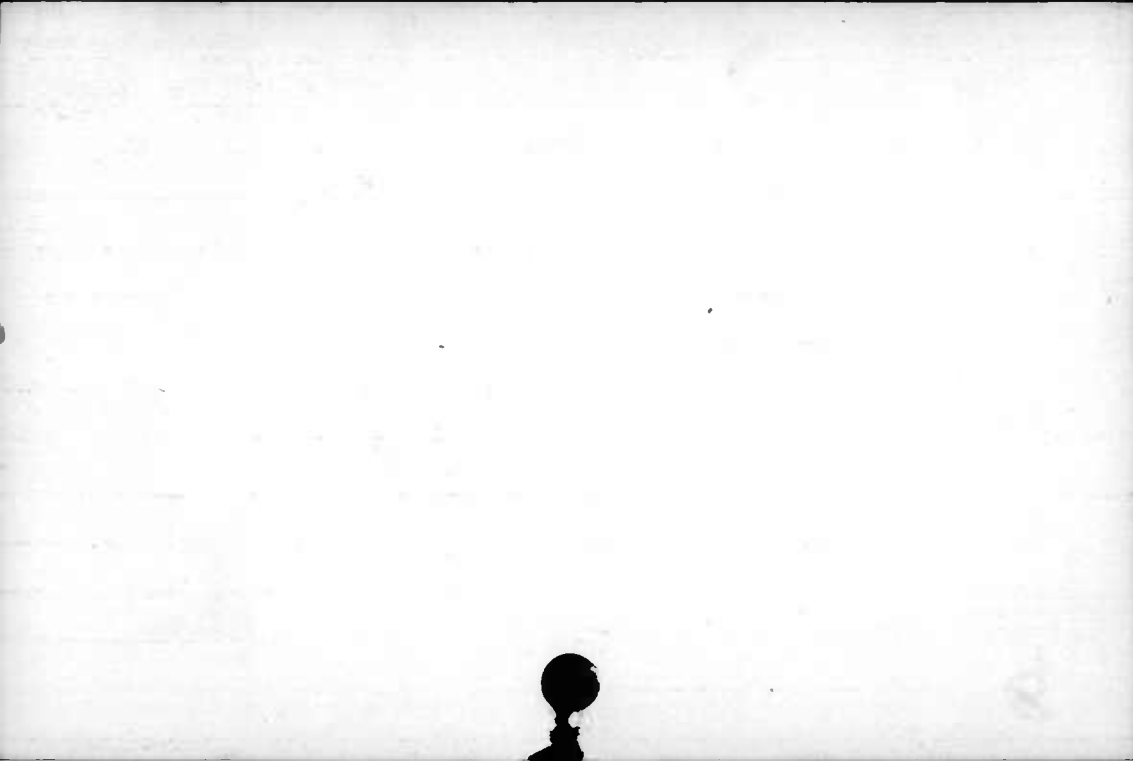
Accident or Suicide?

Md

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name in Full		Mary E. Toadvine				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town		County	
		White Haven		Wicomico Co.		MARYLAND	
		Date of death		Month		Day	
		1905		April		15	
		Age		Years		Months	
		68					
		Sex		Color or Race		Birth-place	
Female		White		Wicomico Co.			
Occupation		Where Residing if not at place of death					
House wife		at home					
Married, Single or Widowed		Name of Wife or Husband					
Widow		Henry T. Toadvine					
Father's Name		Father's Birthplace					
Louis Pollitt		Mittler District					
Mother's Maiden Name		Mother's Birthplace					
Mitchell							
Name of person giving information		How related to deceased					
Lillie Leatherbury		Daughter					
CAUSES OF DEATH							
PHYSICIAN OR CORONER		Primary		How long			
		Dr. Bishop of Panticoke attended her					
		Immediate		How long			
		Said to come from heart disease					
		Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		Address	
Yes		Geo. C. Hill		Salisbury Md.			
Accident or Suicide?				(Undertaker)			



Name
in
Full

CERTIFICATE OF DEATH

William Waddell

Town

County

MARYLAND

Died at

Tyaskin

Princess

Date

of death

1905 April

Day

20

Age

Years

61

Months

Days

Sex

Male

Color or
Race

colored

Birth-
place

North Carolina

Occupation

Mariner

Where Residing if not
at place of death

Tyaskin Md

Married, Single
or WidowedName of Wife or
Husband

Marriett

Father's
Name

Christopher

Father's
Birthplace

North Carolina

Mother's
Maiden Name

Sarah Waddell

Mother's
Birthplace

" "

Name of person giving
information

Sister & wife

How related
to deceased

- - -

CAUSES OF DEATH

Primary

Dropsy

How long

8 months

Immediate

How long

Mrs D

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

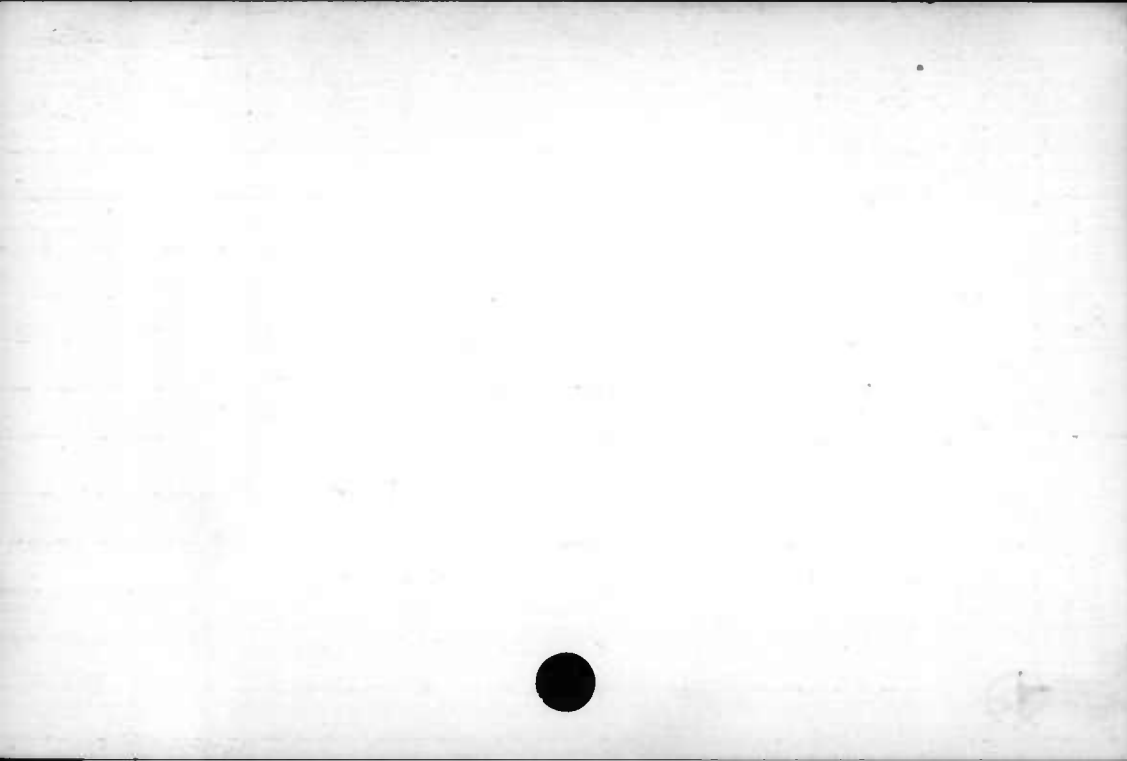
Address

J. Bishop

"

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Virgie F. Washburn

CERTIFICATE OF DEATH

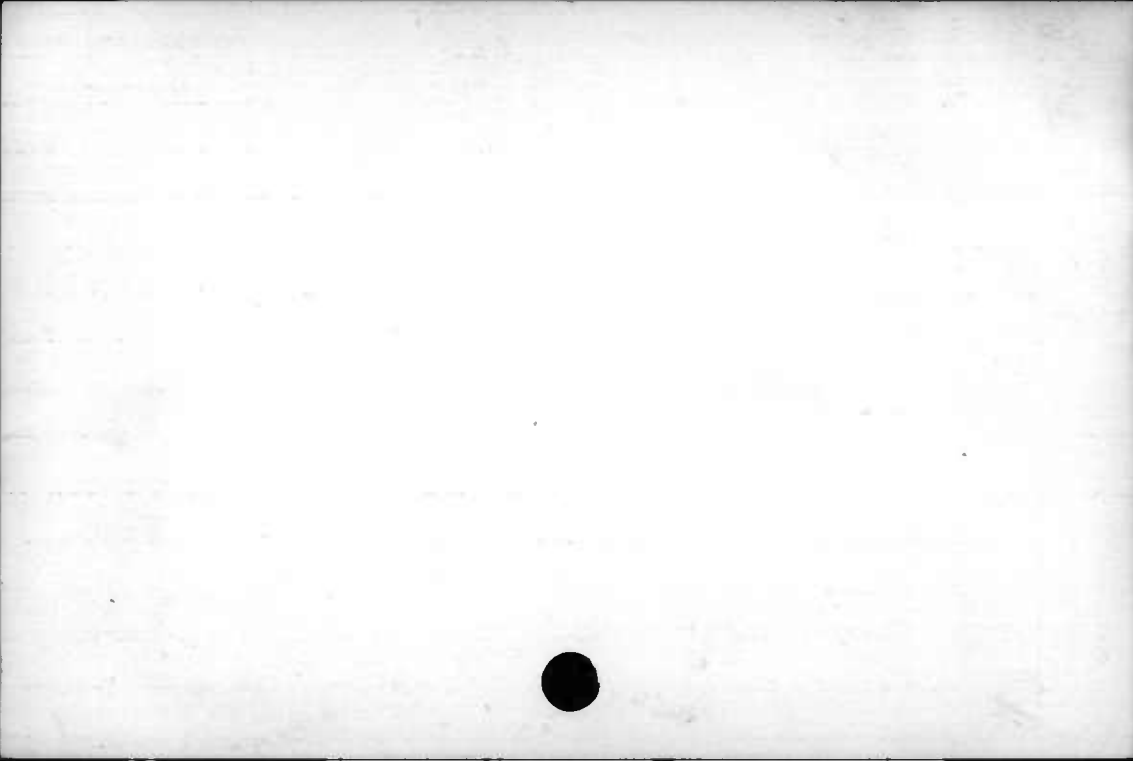
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>near Trumittland</i>		Town <i>Trumittland</i>		County <i>Wicomico</i>		MARYLAND	
Date of death	<i>1903</i>	Month <i>April</i>	Day <i>3</i>	Age <i>9</i>	Years <i>7</i>	Months <i>18</i>	Days <i>18</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Aug 16, 1892</i>				
Occupation <i>~~~~~</i>				Where Residing if not at place of death <i>~~~~~</i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>~~~~~</i>					
Father's Name <i>G. W. F. Washburn</i>		Father's Birthplace <i>~~~~~</i>					
Mother's Maiden Name <i>Georgieannie Mills</i>		Mother's Birthplace <i>~~~~~</i>					
Name of person giving information <i>Georgieannie Washburn</i>		How related to deceased <i>Mother</i>					

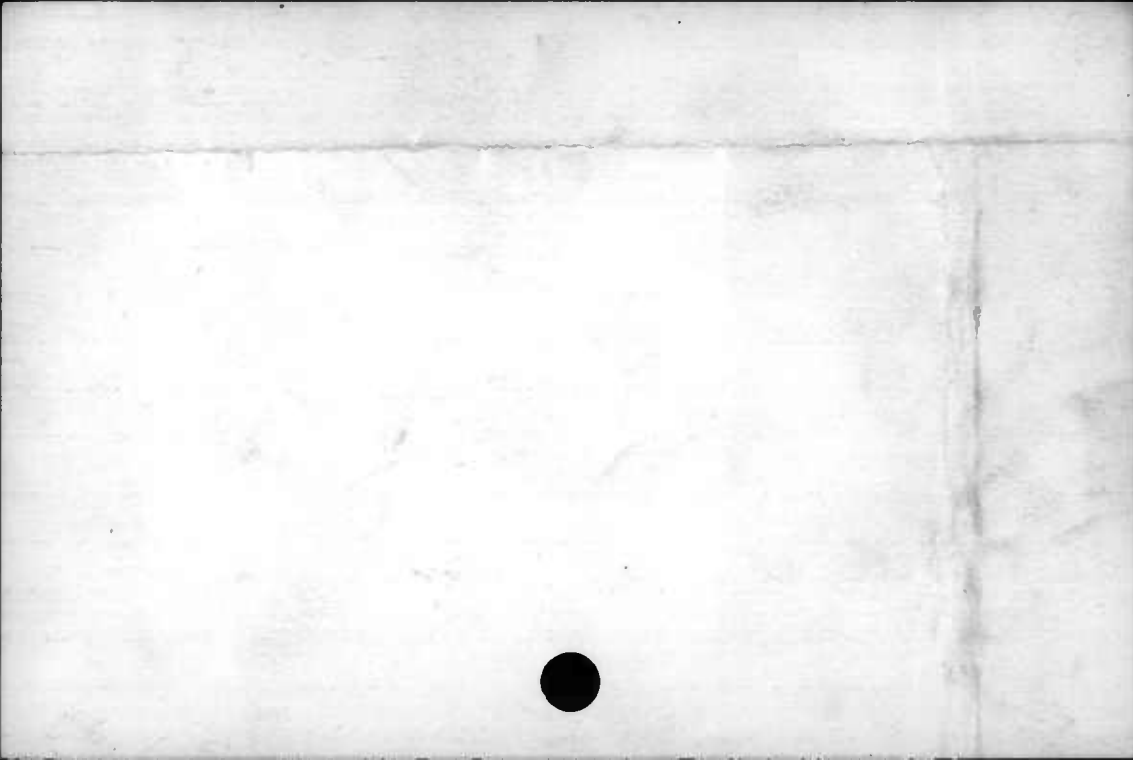
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>congestion of Brain</i>	How long <i>8 hours</i>
Immediate		How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>J. I. T. Long</i>
		Address <i>~~~~~</i>
<input checked="" type="checkbox"/> Accident or Suicide?		



Name in Full		Samuel Planer Williams,				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>Clara</i> <small>Town</small>		<i>Wicomico</i> <small>County</small>		MARYLAND	
		Date of death <i>1905</i> <small>Month</small> <i>April</i> <small>Day</small> <i>15</i> <small>Years</small> <i>80</i>		<small>Months</small> <i>4</i> <small>Days</small> <i>8</i>			
		Sex <i>Male</i>		Color or Race <i>white</i>		Birth-place <i>Clara</i>	
		Occupation <i>Sailor</i>		Where Residing if not at place of death			
		Married, Single or Widowed <i>married</i>		Name of Wife or Husband			
		Father's Name <i>Samuel P. Williams,</i>		Father's Birthplace			
		Mother's Maiden Name		Mother's Birthplace			
		Name of person giving information <i>H. W. Williams.</i>		How related to deceased <i>Son</i>			
		<div style="border: 1px solid black; padding: 5px; text-align: center;">CAUSES OF DEATH</div>					
PHYSICIAN OR CORONER		Primary <i>Heart trouble</i>		How long <i>4 mt. 15 da.</i>			
		Immediate		How long			
		Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Dr. J. Lankford.</i>			
				Address <i>Capitola, Wicomico Co. Md.</i>			
		Accident or Suicide? <i>7</i>					



Name
in
Full

Levin S. Wilson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Tcwn		County		MARYLAND	
Hobron Md		Wicomico					
Date of death		Month	Day	Years	Months	Days	
1905		Apr	12	Age 68			
Sex	Male	Color or Race	White	Birth-place	B. b. Springs		
Occupation	Carpenter			Where Residing if not at place of death	Hobron Md		
Married, Single or Widowed	Married	Name of Wife or Husband	Lizzie Wilson				
Father's Name	Rider Wilson				Father's Birthplace	Don't know	
Mother's Maiden Name	Fountain				Mother's Birthplace	Don't know	
Name of person giving information	W. H. H. Dashiell				How related to deceased.	None	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Dropsy	How long	2 or 3 yrs
Immediate	Heart Failure	How long	Immediate
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		Wm H. H. Dashiell	
		Address	
		Quantico Md	
Accident or Suicide?			



Name
in
Full

Nancy Windsor

[Signature]

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at *Salisbury* TcwnCounty *Micomico*

MARYLAND

Date of death *1906* Month *April* Day *23*Age *76* YearsMonths *2*Days *23*Sex *Female*Color or Race *White*Birth-place *Micomico Co., Md.*Occupation *Mother*

Where Residing if not at place of death

Married, Single or Widowed *Married*Name of Wife or Husband *Wm. J. Windsor*Father's Name *Washburn*

Father's Birthplace

Mother's Maiden Name

Mother's Birthplace

Name of person giving information *E. M. Windsor*How related to deceased *Son*

CAUSES OF DEATH

Primary *Chronic Bronchitis & Arteriosclerosis*How long *several years*Immediate *Heart Failure & Oedema*How long *1 week*

Are the name, age, sex, color, date and place correctly given above?

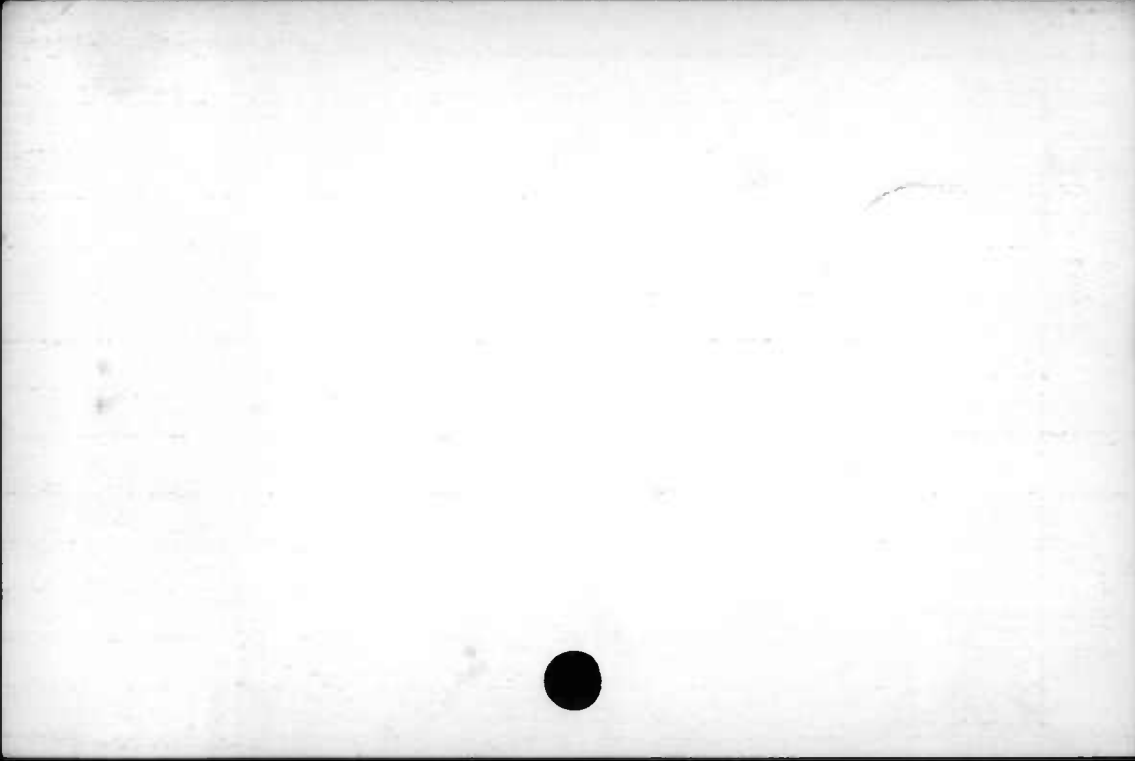
yes

Signature of Physician

Address

*Dr. J. H. Stemons M.D.**Salisbury Md*

Accident or Suicide?



Name in Full <i>None</i>		Town <i>Salisbury Md. (Suburb)</i>		County <i>Morris Co</i>		CERTIFICATE OF DEATH	
Died at		Date of death		Age		MAYLAND	
Month <i>April</i>		Day <i>23</i>		Years <i>—</i>		Months <i>—</i> Days <i>a few minutes</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birthplace <i>Not Known</i>			
Occupation <i>—</i>		Where Residing if not at place of death <i>—</i>					
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>—</i>		Father's Birthplace <i>—</i>					
Mother's Maiden Name <i>—</i>		Mother's Birthplace <i>—</i>					
Name of person giving information <i>—</i>		How related to deceased <i>—</i>					
CAUSES OF DEATH							
Primary <i>Ab auto moment - inattention</i>		How long <i>a few minutes</i>					
Immediate <i>Same</i>		How long <i>Same</i>					
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>C. H. Humphreys</i>		Address <i>Salisbury Md.</i>			
Accident or Suicide? <i>—</i>							

